

CONDITION SATISFACTION APPLICATION

Initial Submittal Form



COUNTY OF SAN DIEGO • DEPARTMENT OF PLANNING AND LAND USE
 5201 RUFFIN ROAD, SUITE B, SAN DIEGO, CA 92123-1666 • (858) 565-5981 • (888) 267-8770
 FAX: (858) 495-5550 • www.sdcounty.ca.gov/dplu

Case Numbers	DPLU	DEH	PARKS
_____	_____ F/D/TM	_____ F/D/TM	_____ F/D/TM
_____	_____ F/D/TM	_____ F/D/TM	_____ F/D/TM
<i>DEPARTMENT USE ONLY</i>			
	_____ + DPLU	_____ + DEH	_____ + PARKS/OTHER
			TOTAL _____ =

Project Name: _____

Project Number(s): _____

Project Address & Nearest Cross Street _____

Assessor's Parcel No _____

Financial Responsibility: Owner ☐ Applicant ☐ **Project Contact:** Owner ☐ Applicant ☐

Owner Name _____ **Phone** (____) _____

Address _____

City _____ **State** _____ **Zip** _____

Owner's E-mail Address _____ **Owner's Fax Number** (____) _____

Applicant Name _____ **Phone** (____) _____
(If different from owner.)

Address _____

City _____ **State** _____ **Zip** _____

Applicant's E-Mail Address _____

The following are required attachments to the Condition Satisfaction Application:

- ☐ A complete copy of the Resolution of Approval/Form of Decision with the proposed condition(s) highlighted.
- ☐ Evidence of compliance with Condition *(Please refer to the condition(s) language for specific evidence that will be required in order to satisfy the condition(s)).*
- ☐ List the Condition Numbers _____

Customer Comments: _____

I declare under penalty of perjury under the laws of the State of California that the statements made as part of this application are true and correct. I hereby agree to provide the indemnification as required by Chapter 2 of Division 6 of Title 8 of the San Diego County Code.

Signature of owner or Authorized Agent. If Agent signs, attach Letter of Authorization

Date

Print or type Signator's Name

FOR DEPARTMENT USE ONLY

FOR QUESTIONS CONTACT PERMIT COMPLIANCE COORDINATOR, _____ (858) 694-3011

Kiva Project Number: _____

Is this a FEE Account? YES ☐ NO ☐ If yes, attach copy of receipt to this application

Is This a Deposit Account? YES ☐ NO ☐ If yes, KIVA ACCOUNT # _____

Technician Comments: _____

Technician Name *Date*